

Name in Full

Certificate of Death

Died at

Date 19

~~Husband~~
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Sarah Bond
 Town Aubreeville County Anne Arundel
 03 July 13
 Male Female
 Age Married Single
 Widowed
 Divorced
 Number of children living
 Occupation Wife
 Husband of Charles Bond
 Wife
 Father's Name Robert Brass
 Mother's Name Clara Wells
 Maiden Name
 Cause of Death Primary Consumption
 Immediate Congestion of lungs
 How long sick
 Accident, Suicide, Homicide
 Reported by W. D. Torrey M.D.
 Address 27 Centreville



Name in Full

Certificate of Death

Florence Booker

Town

County

Died at

Barclay

Queen Anne

MARYLAND

Date

1923

Month

Day

July

19

Y.

M.

D.

Native of

Occupation

Age

36

L. A. Co

Housewife

Female

White

~~Married~~

Widow

~~Divorced~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Extra peritoneal abscess

How long sick

said to be 10 weeks

Only saw recently

Death

Immediate

Peritonitis

Accident, Suicide, Homicide

Reported by

J. H. W. Weldon

116

Address

Church Hill

L. A. Co - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908



Name
in
Full

Gladis Comyges

CERTIFICATE OF DEATH

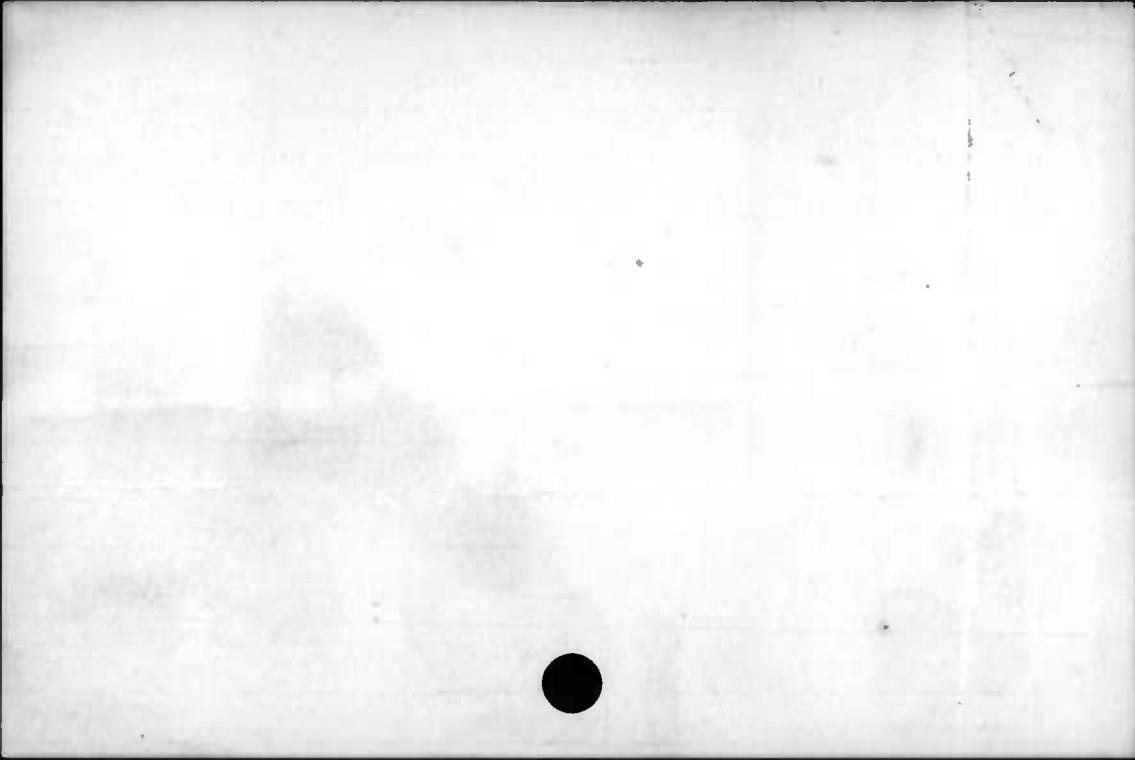
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Stor</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND		
Date of death 190 <i>3</i>	Month <i>7</i>	Day <i>16</i>	Age <i>2</i>	Years <i>2</i>	Months <i>2</i>	Days <i>6</i>
Sex <i>Girl</i>	Color or Race <i>White</i>		Birth- place <i>Ind.</i>			
Married, Single or Widowed _____			Occupation _____			
Name of Wife or Husband _____						
Father's Name <i>Edward C. Comyges</i>			Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Mary L. Higsons</i>			Mother's Birthplace <i>Ind.</i>			
Name of person giving In formation <i>Mother</i>			How related to deceased _____			

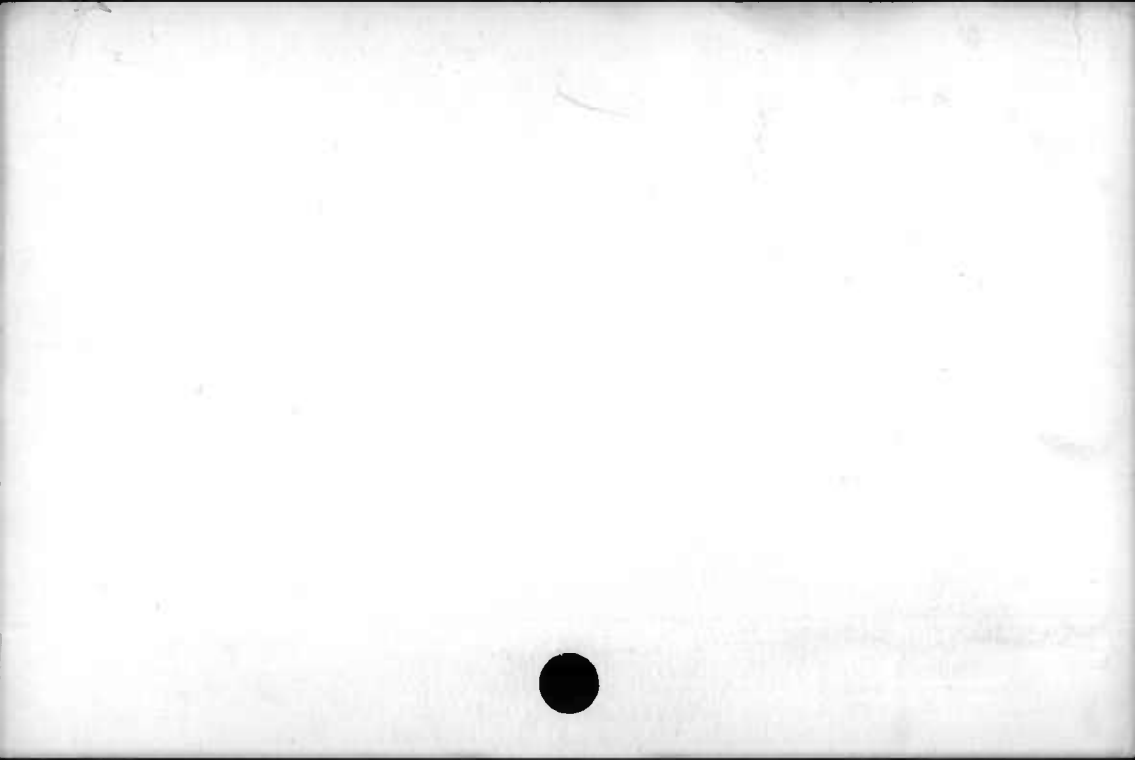
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Eclampsia</i>	How long <i>4 days</i>
Immediate <i>Meningitis</i>	How long <i>7</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Tobley Hackett Ind.</i>
	Address <i>Queen Anne Ind.</i>
Accident or Suicide?	



Name in Full John D. Dodd		CERTIFICATE OF DEATH	
Died at Centerville		County Queen Anne	
Date of death 1903		Month 7	
Day 16		Age 67	
Sex Male		Color or Race White	
Occupation Booker		Where Residing if not at place of death <input checked="" type="checkbox"/>	
Married, Single or Widowed Married		Name of Wife or Husband Mrs Martha Reed	
Father's Name Henry Dodd		Father's Birthplace 2d. Co.	
Mother's Maiden Name Annie Phillips		Mother's Birthplace " "	
Name of person giving Information James Dodd		How related to deceased Bro.	
CAUSES OF DEATH			
Primary Unknown		How long 179	
Immediate Cardiac Paralysis		How long Not a moment	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Jas Bradley M.D.	
		Address Centerville Md.	
Accident or Suicide? <input type="checkbox"/>			



Name
in
Full

Catherine Johnson Gibbs

CERTIFICATE OF DEATH

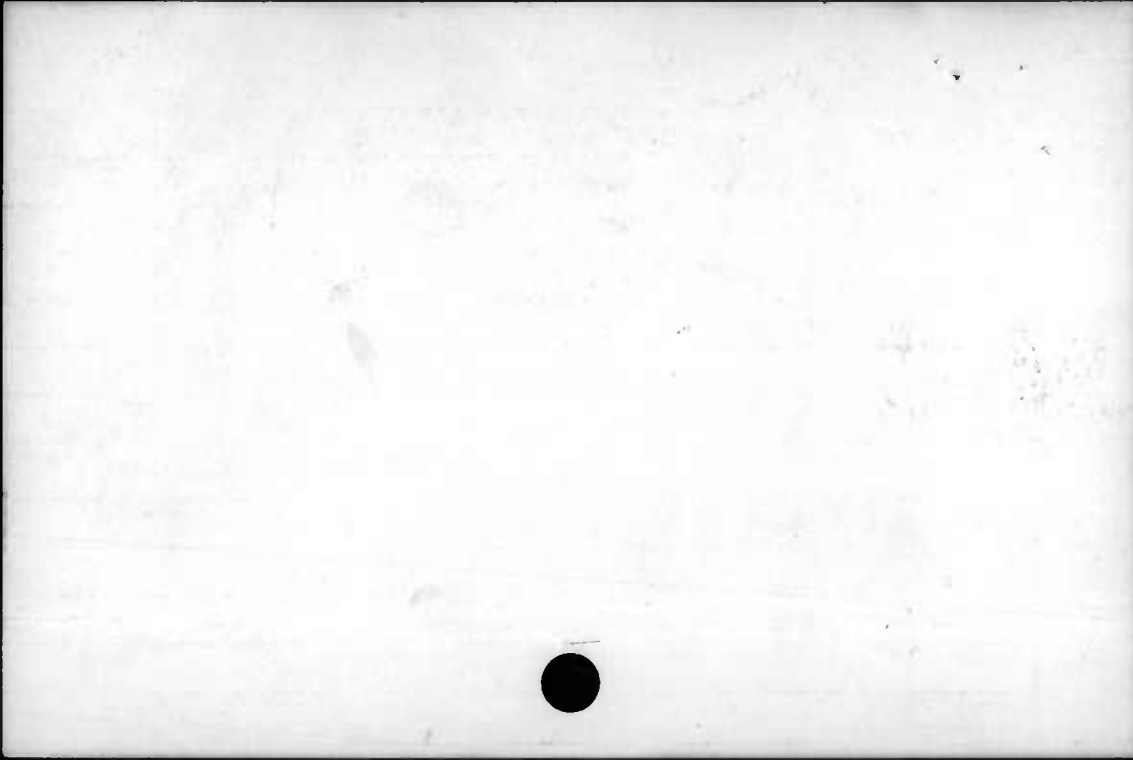
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hope</i> ^{Town}		County		MARYLAND	
Date of death 1903	<i>July</i> ^{Month}	<i>18</i> ^{Day}	Age <i>58</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Bridgetown Md</i>		
Married, Single or Widowed	<i>Married</i>		Occupation <i>House wife</i>		
Name of Wife or Husband <i>Jm H Gibbs</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name <i>Ann Johnson</i>				Mother's Birthplace	
Name of person giving information <i>Husband</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>two hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Walter H. Fenby</i>	
		Address <i>Ruthsburg Md.</i>	
Accident or Suicide?			



Name
in
Full

No Name & Griffen

CERTIFICATE OF DEATH

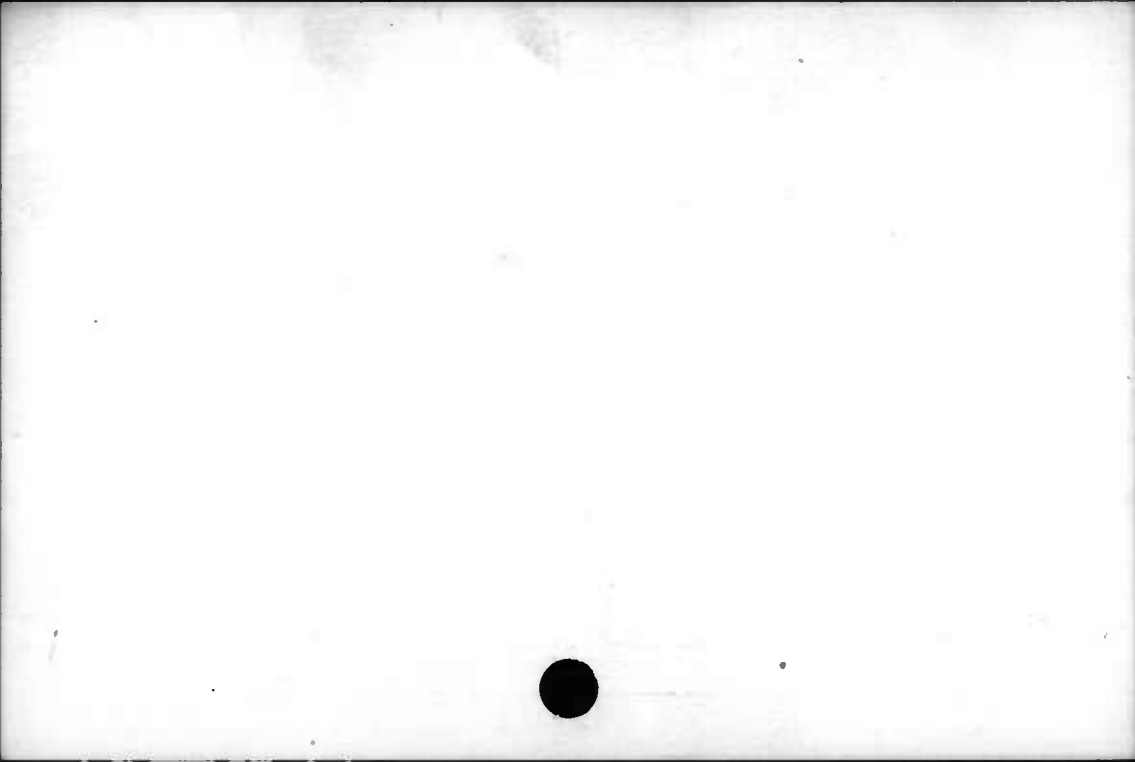
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Winchester		^{County} Queen Ans.		MARYLAND	
Date of death 1903	Month 7	Day 21	Age —	Months —	Days —
Sex Female	Color or Race Collard		Birth-place Winchester		
Married, Single or Widowed Single		Occupation X X			
Name of Wife or Husband					
Father's Name George Griffen			Father's Birthplace Winchester		
Mother's Maiden Name Ida Stewart			Mother's Birthplace Mye Neck		
Name of person giving information George Griffen			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long X
Immediate Dead Borne	How long X
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician Jas G. Saddler
	Address Winchester Queen Ans. Maryland.
Accident or Suicide?	



Name in Full		Hulda Elizabeth Holland.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Queen Anne		County Queen Anne		MARYLAND
	Date of death 1903		Month July		Day 18		Age Years 11
	Sex Female		Color or Race White		Birth- place Queen Anne.		
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name William Holland.				Father's Birthplace Ind.		
	Mother's Maiden Name Catherine Mulliken				Mother's Birthplace Ind.		
	Name of person giving information J M Holland				How related to deceased Father		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Enteritis 105.			How long 3 weeks.	
	Immediate		Exhaustion			How long 2 weeks.	
	Are the name, age, sex, color, date and place correctly given above?			Yes			
	Signature of Physician			J H F Miller M D			
	Address			2 Hillstons Ind			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Brien</i> ^{Town}		<i>Race</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month}	<i>July</i> ^{Day}	<i>30</i> ^{Age}	<i>—</i> ^{Years}	<i>5</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>MD?</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>Alex Hutcherson</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Jessie Brooks</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Alex Hutcherson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Dys Colitis</i>	How long <i>Two weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. S. Dudley, MD</i>
	Address <i>Chase Hill Maryland</i>
Accident or Suicide?	

Roanoke

Name in Full

Certificate of Death

Died at *Baltimore* *24 Co.* *MARYLAND*
 Town *Price St* County *24 Co.*
 Date 19*03*-*July* *1*-*15* Age *15*
 Male *Female* Married *Single* Widower *Widow* Native of *MD.* Occupation *MD.*
 Number of children living *0*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70804

Buried at Blacktown

Name
in
Full

CERTIFICATE OF DEATH

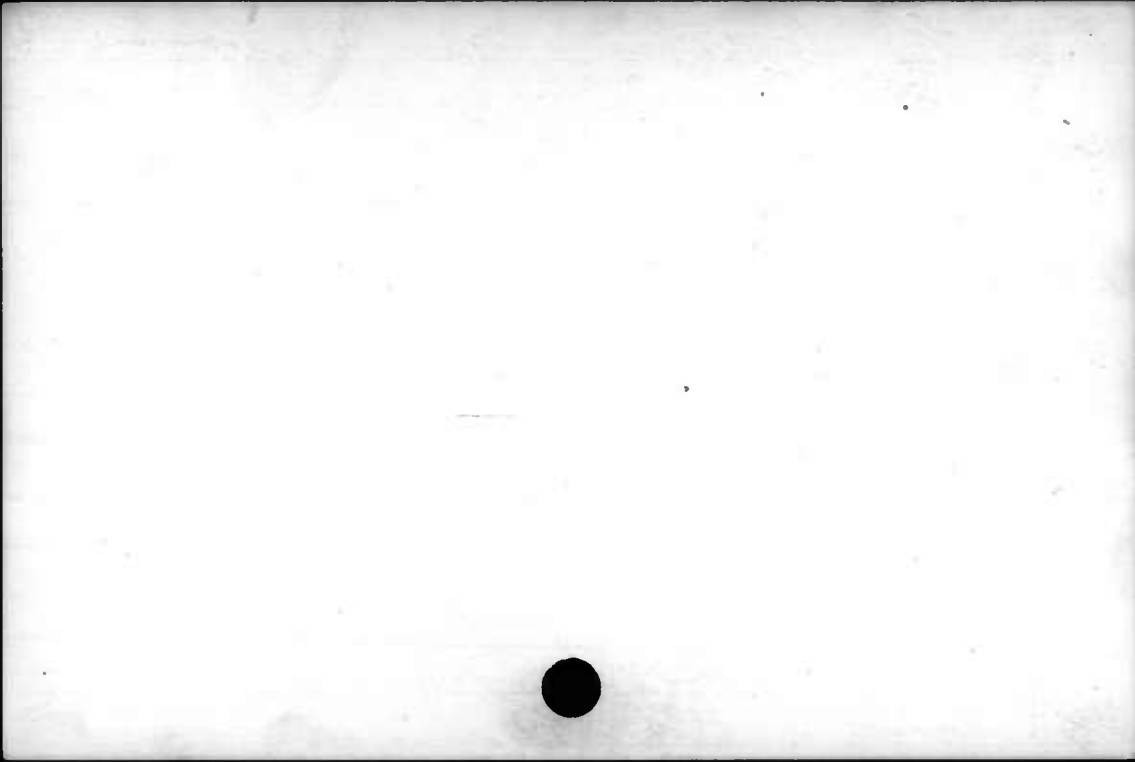
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Herds Stone</i> Town		<i>Green Anne</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>7</i>	Day <i>14</i>	Age <i>one hour</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>white American</i>		Birth-place <i>Herds Stone</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Joseph Jones</i>			Father's Birthplace <i>Green Anne Co</i>		
Mother's Maiden Name <i>Olivia Pearson</i>			Mother's Birthplace <i>Green Anne Co</i>		
Name of person giving information <i>H. R. Hopkins M.D.</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth 6 1/4 months</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>H. R. Hopkins</i>
		Address <i>Greenstone Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

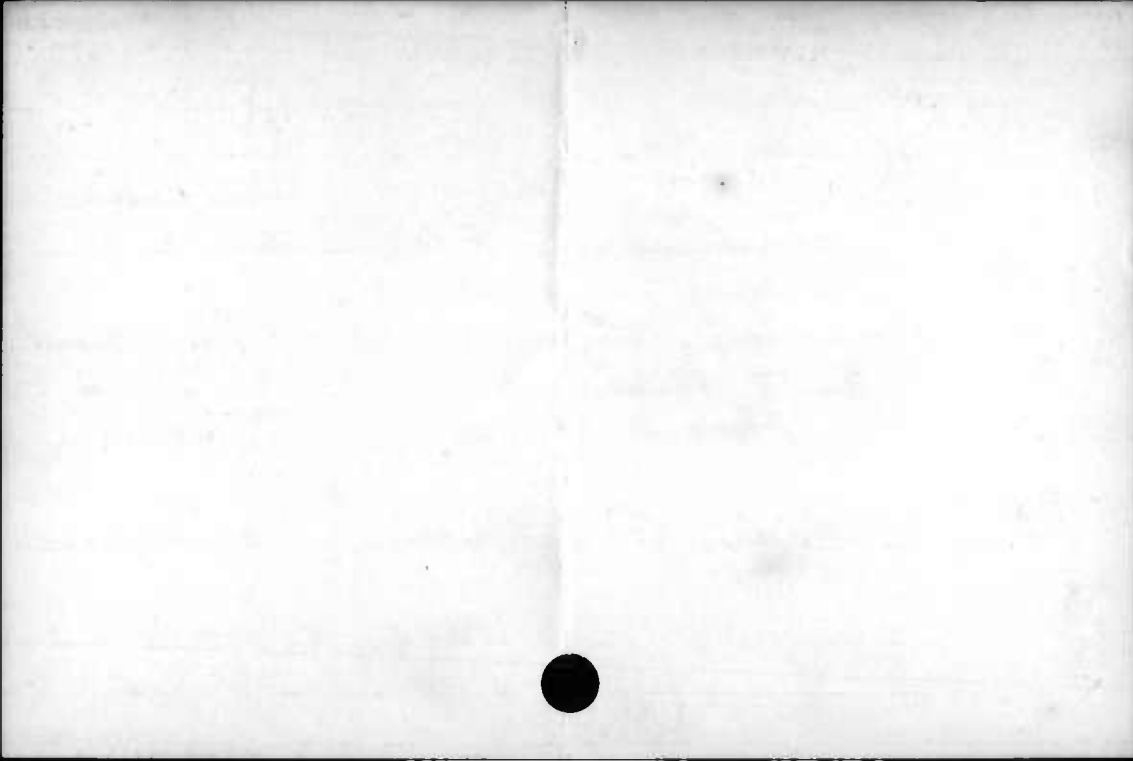
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carmichael</i>		Town <i>Loyd</i>		County <i>2. a. Co.</i>		MARYLAND	
Date of death 190	3	Month <i>July</i>	Day <i>26</i>	Age	Years	Months <i>2</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Carmichael</i>				
Married, Single or Widowed <i>Single</i>				Occupation <i></i>			
Name of Wife or Husband <i></i>							
Father's Name <i>John N. Loyd.</i>				Father's Birthplace <i>2. a. Co.</i>			
Mother's Maiden Name <i>Estelle, Stewart.</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>John N. Loyd.</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diarrhoea & enteritis</i>	<i>105</i>	How long <i>3 weeks -</i>
Immediate <i>Malnutrition</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Adams M.D.</i>	
	Address <i>Wye Mills Md.</i>	
Accident or Suicide?		



Name
in
Full

John R. Lynch

CERTIFICATE OF DEATH

Died at *Queen Anne*

Town

Queen Anne

County

MARYLAND

Date

of death 190

3

Month

July

Day

20

Age

Years

61

Months

Six

Days

Sex

*Male*Color or
Race*White*Birth-
place*West Indies*Married, Single
or Widowed*Married*

Occupation

*Flores Dieries*Name of Wife or
Husband*Mary Lynch*Father's
Name*Matthew Lynch*Father's
Birthplace*Don't Know*Mother's
Maiden Name*Don't Know*Mother's
Birthplace*" "*Name of person giving
in formation*Thos. A. Lynch*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

one year

Immediate

" "

How long

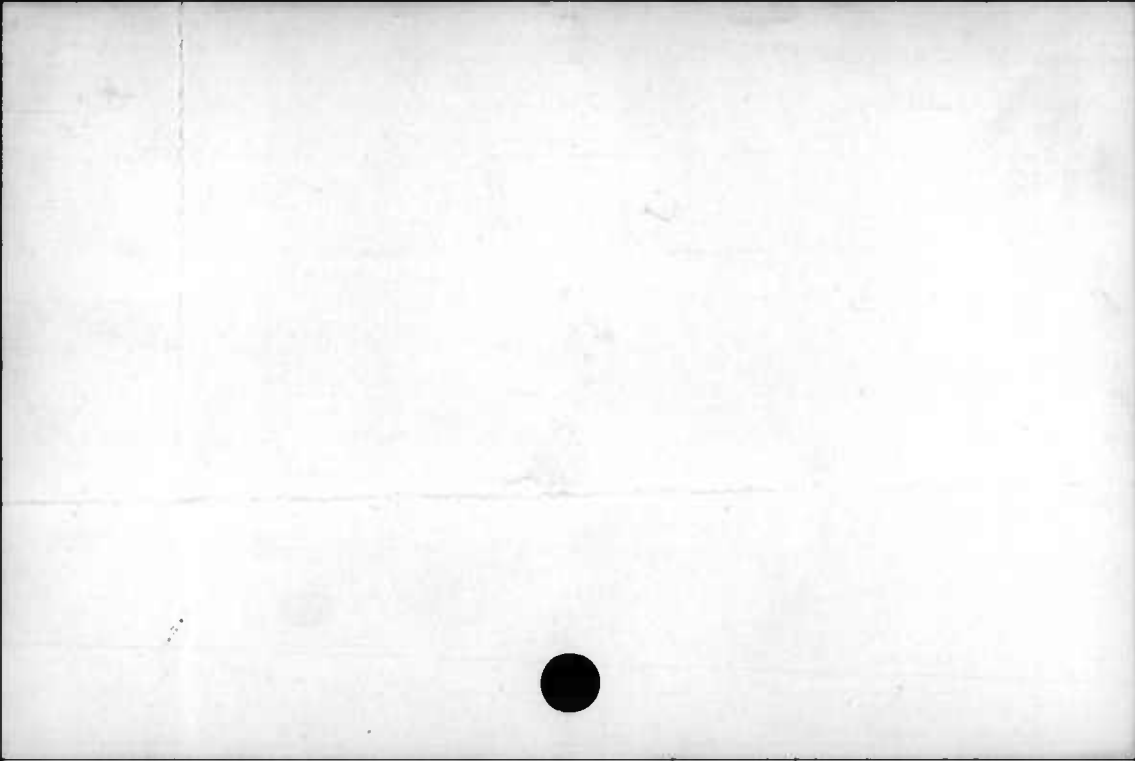
*" "*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Robley Hackett M.D.*

Address

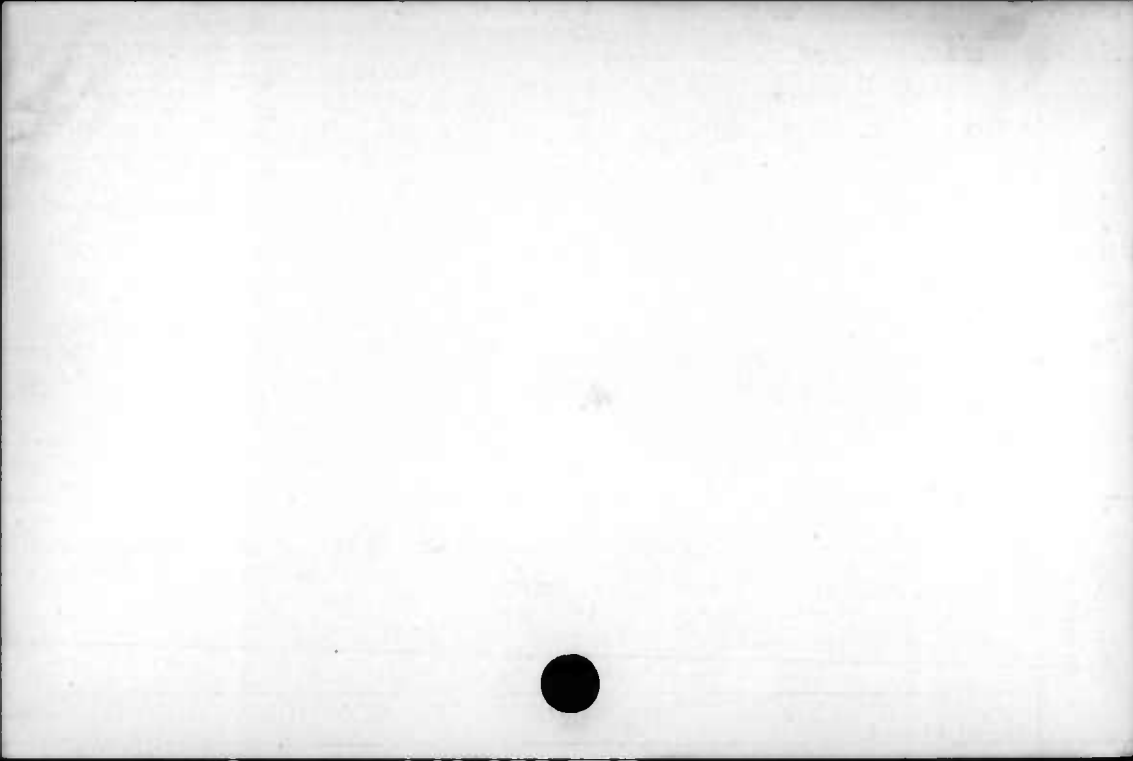
Queen Anne Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		No Name (1 Day old) Moore				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Paca's Island.	County Sunderland	MARYLAND		
		Date of death 190		Month 7	Day 13	Years	Months	Days 1
		Sex		Color or Race		Birth-place Paca's Island.		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name			Noah Moore		Father's Birthplace Del.	
		Mother's Maiden Name			Caroline Ward		Mother's Birthplace England.	
Name of person giving information		Welic Moore			How related to deceased Uncle			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary				How long		
		Was dead born I						
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Yes		
		Signature of Physician				W B M Comins		
		Address						
		Accident or Suicide?						



Name
in
Full

No name Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Leuterville</i>		Town <i>Leuterville</i>		County <i>C</i>		2-a		MARYLAND	
Date of death 190	3	Month	7	Day	26	Age	2-a	Years	Born
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>2-a-leo</i>		
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name				<i>Helmer Moon</i>		Father's Birthplace		<i>2-a-leo</i>	
Mother's Maiden Name				<i>Lizzie Moon</i>		Mother's Birthplace		<i>2-a-leo</i>	
Name of person giving information				<i>Helmer Moon</i>		How related to deceased		<i>father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dead Born</i>		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>James L. Moore</i>
			Address	<i>Leuterville</i>
Accident or Suicide?		<i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Church Hill</i>		Town <i>Church Hill</i>		County <i>Calloway</i>		State <i>MARYLAND</i>	
Date of death 1903	Month <i>July</i>	Day <i>9</i>	Years <i>62</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Louisa D Morris</i>							
Father's Name <i>Louisa D Morris</i>			Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Mary Smith</i>			Mother's Birthplace <i>Delaware</i>				
Name of person giving information <i>Miss C A Morris</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>Five days</i>
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. S. Dudley</i>
	Address <i>Church Hill</i>
Accident or Suicide?	

Centerville Cemetery

Name
in
Full

Clarence Amos Reason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ewingtown</i> ^{Town}		<i>Queen Annes</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>July</i> ^{Month}	<i>16</i> ^{Day}	Age <i>1</i> ^{Years}	<i>10</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>negro</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>James H Reason</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Clara R Wright</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>James H Reason</i>			<i>105</i> How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Summer Complaint</i>	How long <i>9 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William J Miller Undertaker</i>
	Address <i>R R No 2 Millington Md</i>
Accident or Suicide?	



Name
in
Full

Walter Russum

CERTIFICATE OF DEATH

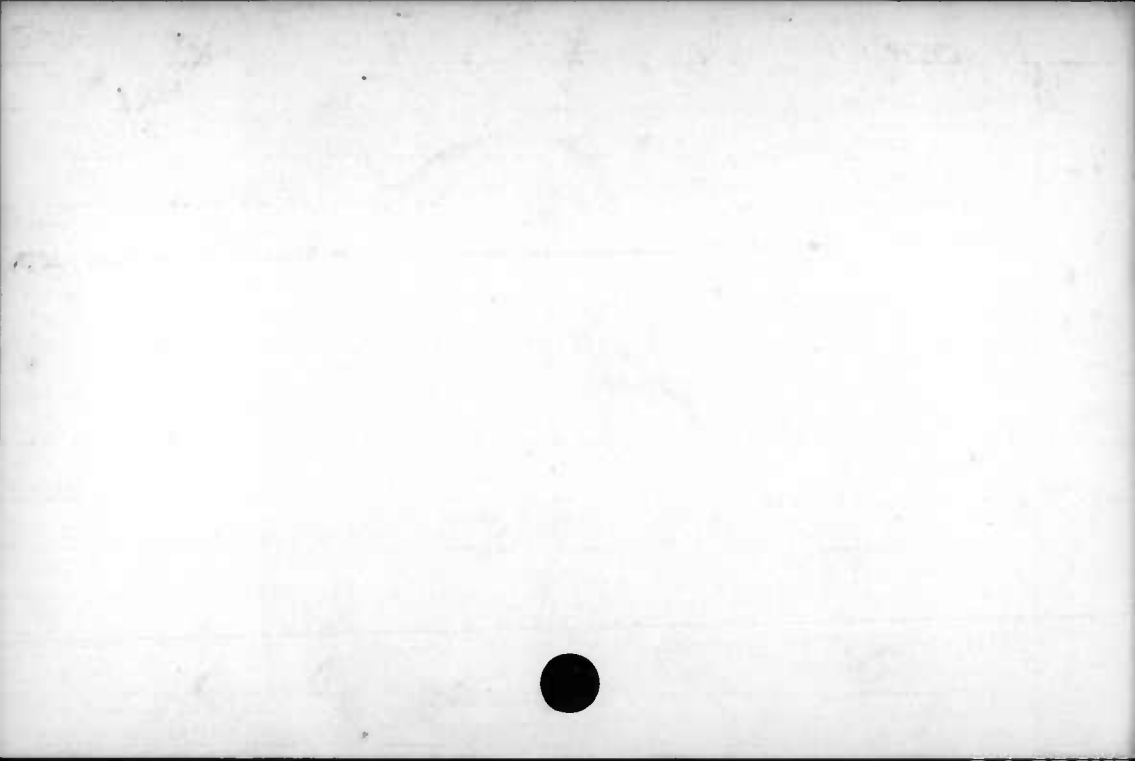
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barnack</u> ^{Town}		<u>28</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month}	<u>July</u> ^{Day}	<u>23</u> ^{Age}	<u>—</u> ^{Years}	<u>—</u> ^{Months}	<u>17</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Barnack</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>—</u>				
Name of Wife or Husband <u>—</u>					
Father's Name <u>Wm. J. Russum</u>			Father's Birthplace <u>Ill</u>		
Mother's Maiden Name <u>Katie Gordin</u>			Mother's Birthplace <u>240 Wm</u>		
Name of person giving information <u>Franklin</u>			How related to deceased <u>105 Father</u>		

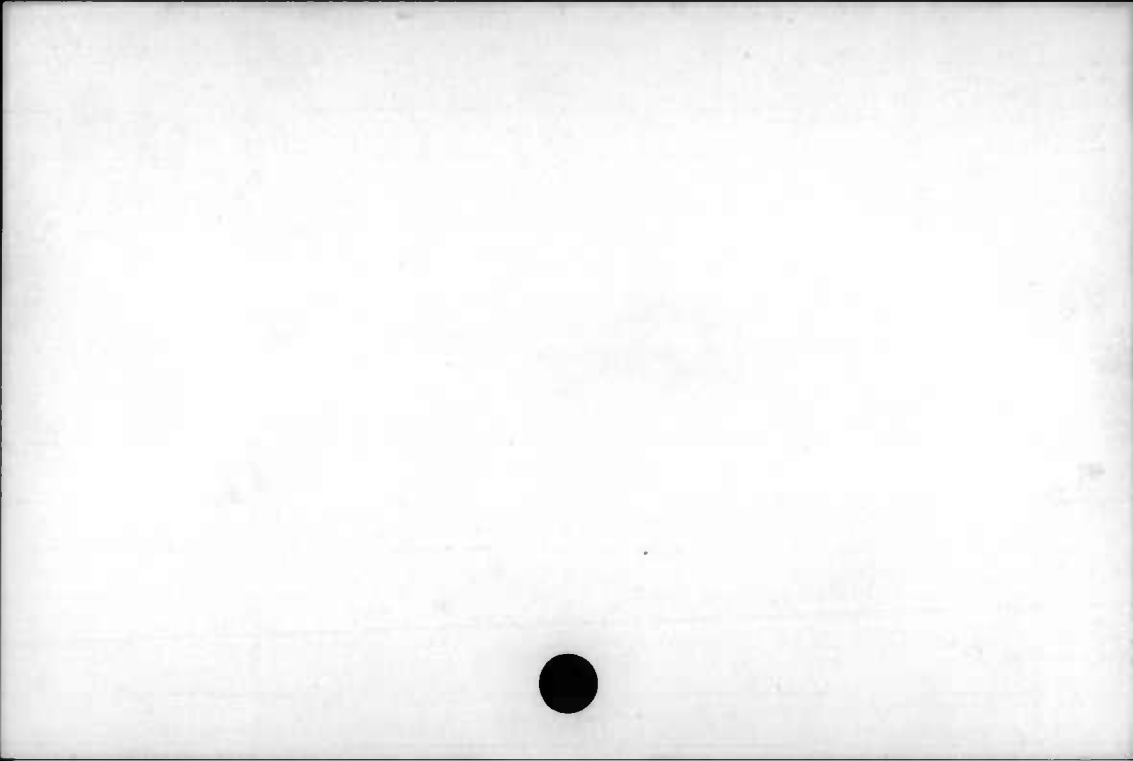
CAUSES OF DEATH

PHYSICIAN
OR CORONER

<u>Immediate</u> ^{Primary} <u>Enteritis Enterocolitis</u>	How long <u>Five Days</u>
<u>Primary</u> ^{Immediate} <u>Indigestion</u>	How long <u>Five Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Howard B. Hopkins</u>
	Address <u>Greenstown</u>
	<u>MD.</u>
Accident or Suicide?	



Name in Full <i>Rebie Stansbury</i>		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Ingleside</i> Town		<i>21st</i> County		MARYLAND	
	Date of death 190 <i>2</i>	Month <i>4</i>	Day <i>5</i>	Age	Years Months Days	
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
	Married, Single or Widowed		Occupation			
	Name of Wife or Husband					
	Father's Name <i>Geo. Stansbury</i>		Father's Birthplace <i>20 Ind</i>			
	Mother's Maiden Name <i>Bertha Leece</i>		Mother's Birthplace			
Name of person giving information <i>Bertha Stansbury</i>		How related to deceased <i>Mother</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Had not the care of any physician</i>		How long			
	Immediate <i>Natural cause</i>		How long <i>and little</i>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Graham, M.D.</i>			
	<i>151</i>		Address <i>Ingleside</i>			
	Accident or Suicide?		<i>Ind</i>			



Name
in
Full

CERTIFICATE OF DEATH

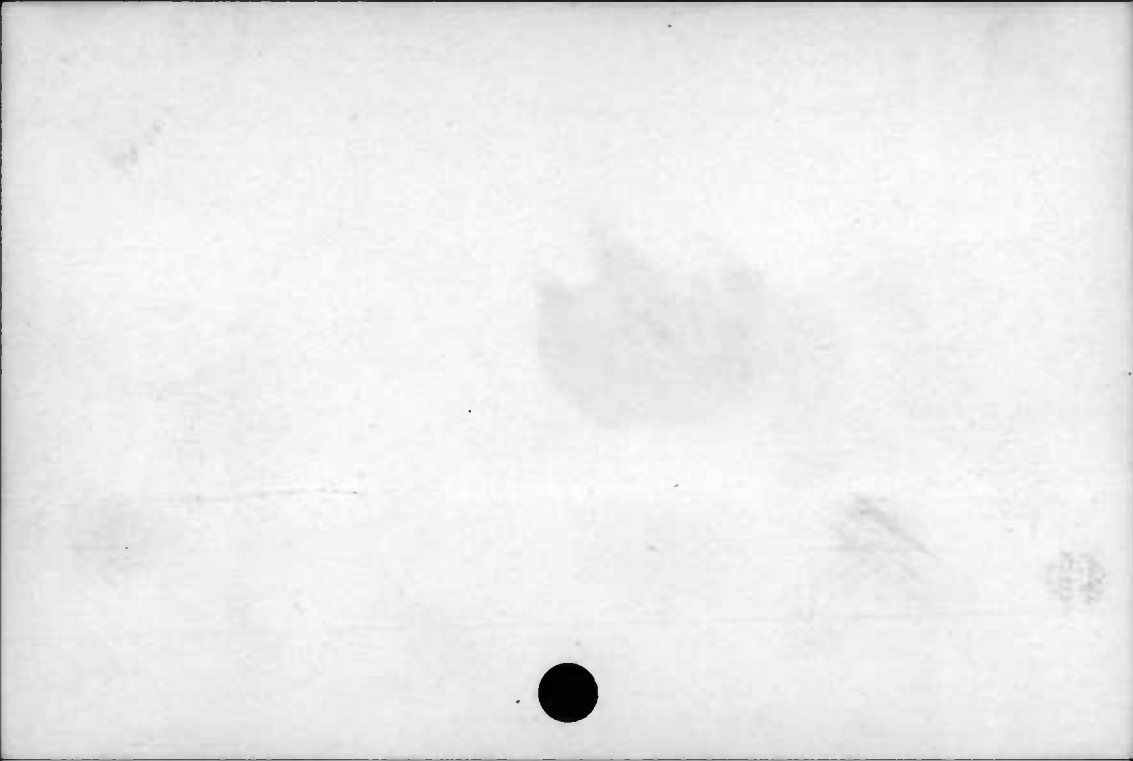
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James Washington</i>		Town <i>Guy's or Bryan</i>		County <i>Queen An. Co.</i>		MARYLAND	
Died at <i>Guy's or Bryan</i>		Month <i>July</i>		Day <i>26</i>		Years <i>35</i>	
Date of death 1903		Months <i>4</i>		Days <i>10</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Winchester</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Oysterman</i>					
Name of Wife or Husband							
Father's Name <i>George Washington</i>		Father's Birthplace <i>Queen An. Co.</i>					
Mother's Maiden Name <i>Sarah Griffin</i>		Mother's Birthplace <i>Queen An. Co.</i>					
Name of person giving information <i>Simard Washington</i>		How related to deceased <i>Bro.</i>					

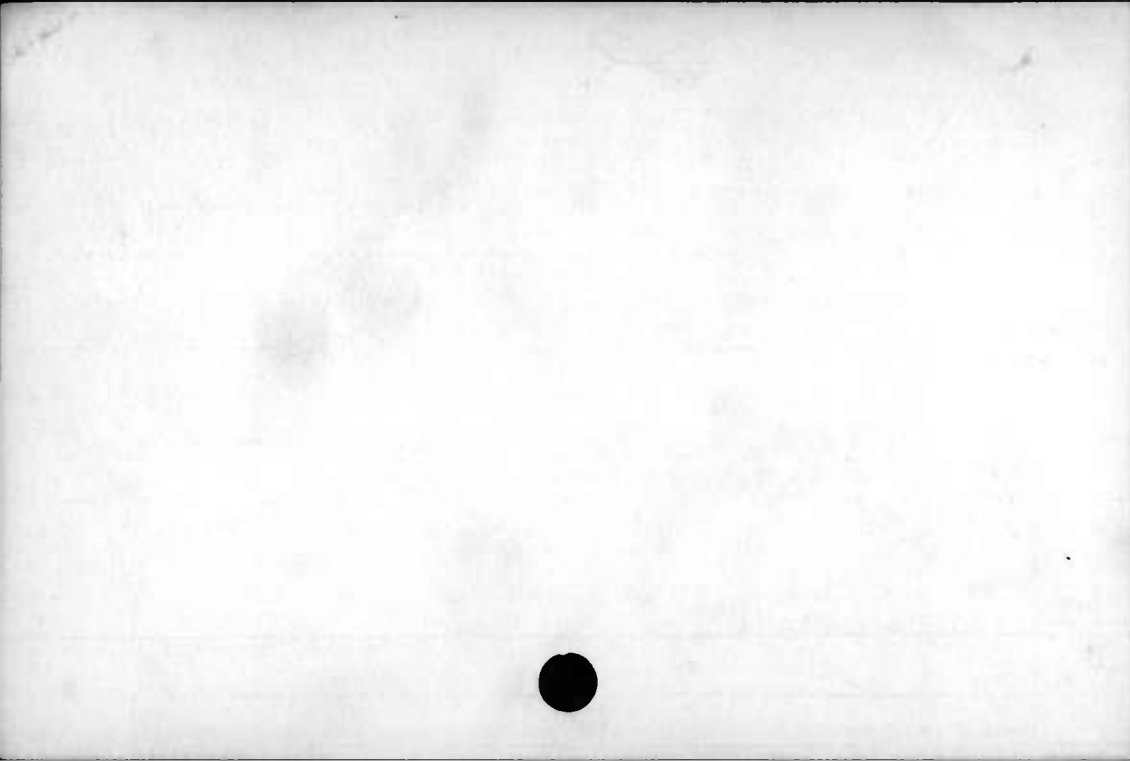
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>—</i>	How long	<i>—</i>
Immediate	<i>Drowning</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm. J. Henry</i>
		Address	<i>Stevensville Md.</i>
Accident or suicide	<i>yes</i>		



Name in Full.		Helen R Lena Mulls				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Church Hill	Town	Sullen	County	MARYLAND	
	Date of death 1903	3	Month	July	27	Day	Age
	Sex	Female	Color or Race	Colored	Birth place	Church Hill	
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name	J. Sparks				Father's Birthplace	Sullen Annex
	Mother's Maiden Name	Loddy Mulls				Mother's Birthplace	Church Hill
Name of person giving information	Thos Horwath				How related to deceased	None	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Infection				How long	Three months
	Immediate	Exhaustion				How long	one day
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Dr. J. Dugby
						Address	Church Hill Md.
	Accident or Suicide?						



Sarah Wiggins

Town

County

Died at

*Blue House**near Anne's*

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

July 10th

Age

*74**Maryland*

White

~~Mixed~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

1500

Husband

of

Don't know

Wife

Father's

Name

Mother's

Maiden Name

45

Cause of

Primary

Cancer on face

How long sick

5 1/2 years

Death

Immediate

Natural decay

Accident, Suicide, Homicide

Reported by

J. A. Holton, Physician to A. H.

Address

Cecilville 2. N. Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. A. Holton, M.D.



Name
in
Full

Sarah E Higgins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Sudlersville		Queen Annes		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 190		3	July	3	73	—	—
Sex	Female	Color or Race	White	Birth-place	Maryland		
Married, Single or Widowed	Married			Occupation	Housekeeper		
Name of Wife or Husband	Cornelius W Higgins						
Father's Name	George Glandon				Father's Birthplace	unknown	
Mother's Maiden Name	unknown				Mother's Birthplace	unknown	
Name of person giving information	Mollie Anderson				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lungs	How long	Five years
Immediate	General Debility or Exhaustion	How long	One week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Foster Sudler
		Address	Sudlersville
Accident or Suicide?			Med



Name

in
FD-31

Ilelia Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fords</u> ^{Town}		<u>L.A.</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>28</u>	Age <u>41</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>L.A.</u>		
Married, Single or Widowed <u>Widow</u>		Occupation <u>house wife</u>			
Name of Wife or Husband <u>Aurbanda Dean</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>" "</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Lizzie Comyer</u>			How related to deceased <u>daughter</u>		

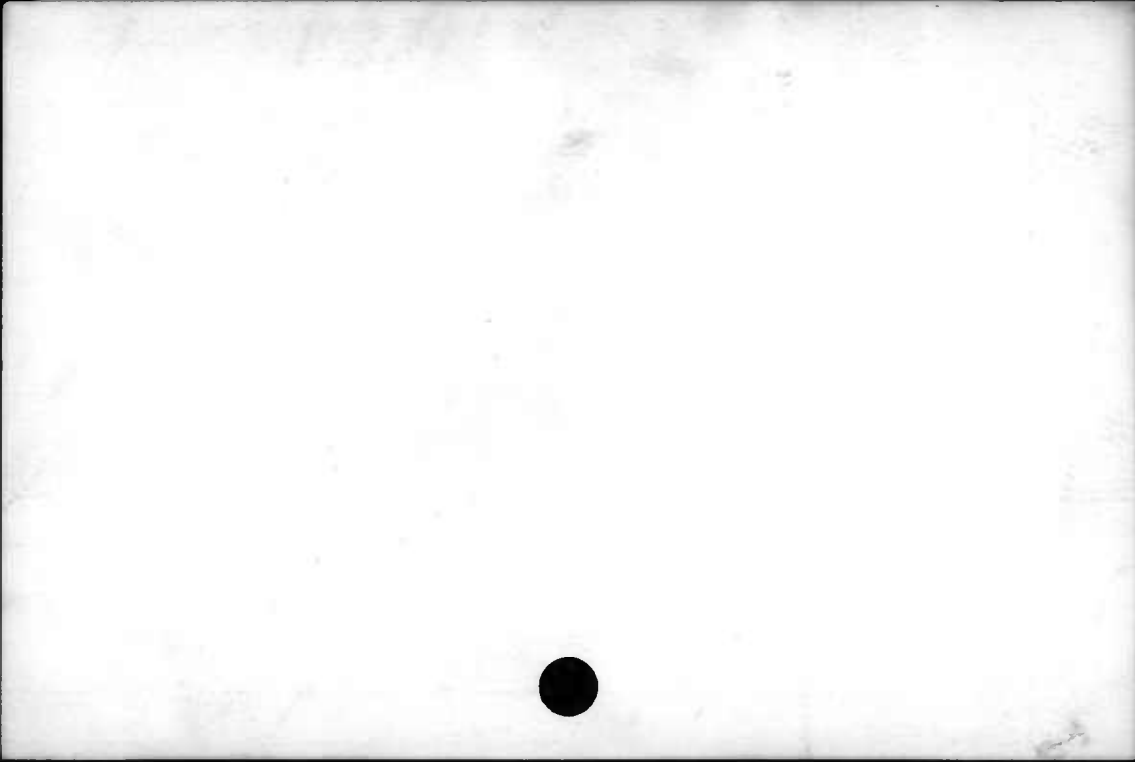
also C. H. Butler

CAUSES OF DEATH

No Relation

PHYSICIAN
OR CORONER

Primary	<u>General debility</u>	How long	<u>2 or 3 months</u>
Immediate	<u>Heart failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Wm. Henry</u>	
		Address <u>Stevensville</u>	
Accident or Suicide? <u>No</u>		<u>MD</u>	



Name

in
Full

CERTIFICATE OF DEATH

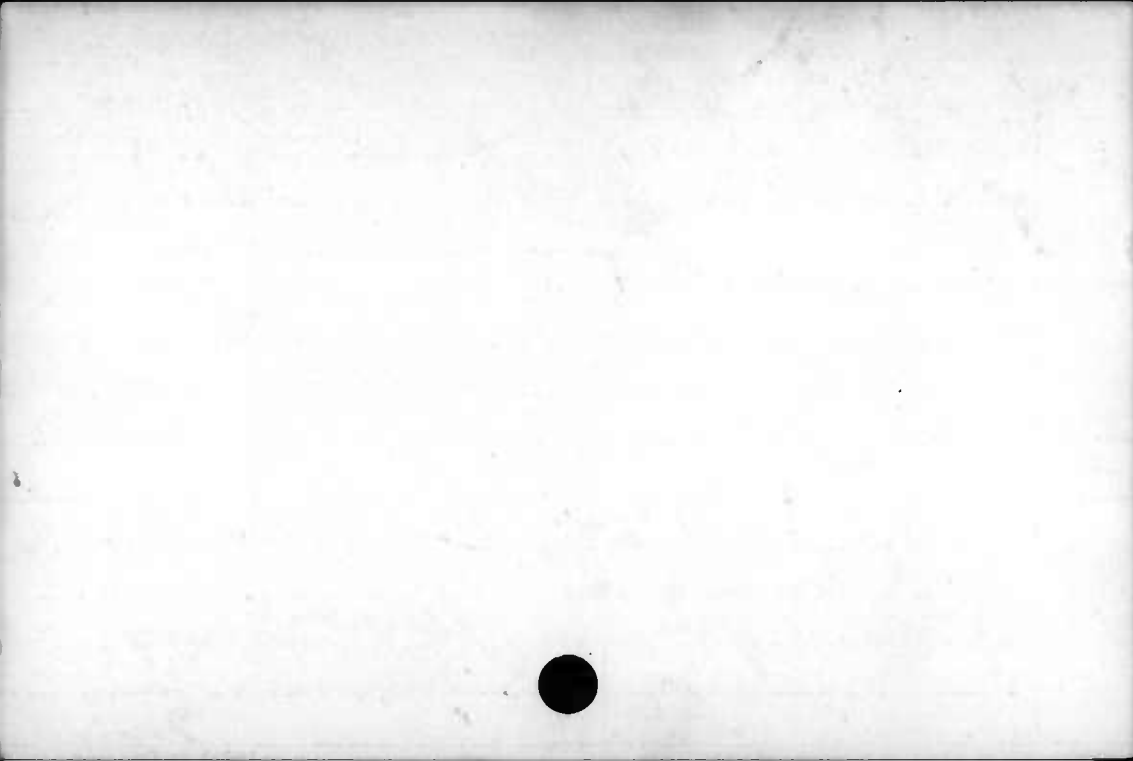
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> ^{Town} <i>Chesapeake</i> ^{County} <i>2 d</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>7</i>	Day <i>13</i>	Age <i>65</i> Years Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>	Birth-place <i>Charles Co</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Barman</i>		
Name of Wife or Husband <i>Leida Williams</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>“</i>	
Name of person giving information <i>Geo Hays & Co</i>		How related to deceased <i>Son & Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Trouble</i>	How long <i>Just Died</i>
Immediate <i>Dropsy</i>	How long <i>3 or 4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm J. Henry</i>
	Address <i>Stevensville Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mary E. Wilson

CERTIFICATE OF DEATH

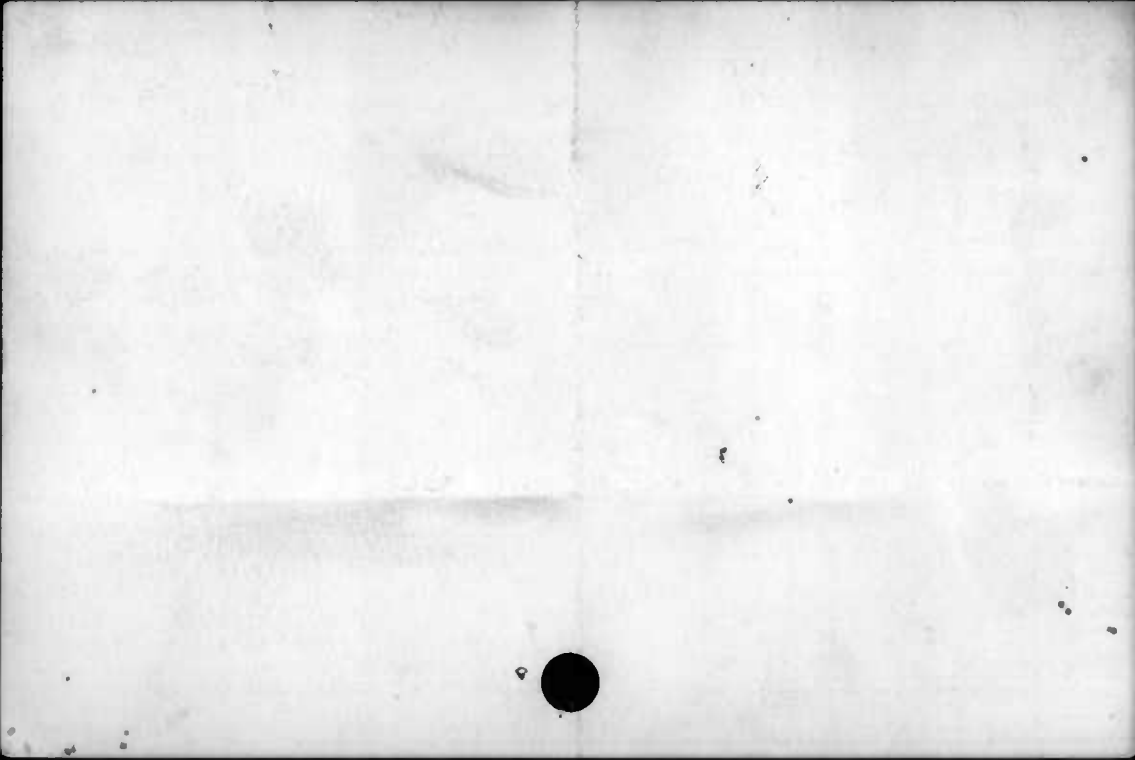
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fords</i> ^{Town}		<i>Queen Ann</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>7</i>	Day	<i>4</i>
Age	<i>1</i>	Years	<i>10</i>	Months	<i>10</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Fords stn</i>
Married, Single or Widowed		Occupation <i>X</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<i>J. Henry Wilson</i>			<i>Fords Hon</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Annie E. Butler</i>			<i>Fords stn</i>		
Name of person giving information			How related to deceased		
<i>J. Henry Wilson</i>			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>Several weeks</i>
Immediate	<i>Tuberculosis</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Wm. T. Henry</i>	
		Address	
		<i>Stumville</i>	
Accident or Suicide?		<i>Yes</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Clara Jane Wisner</i>		Town <i>Barckley</i>		County <i>2. A.</i>		MARYLAND	
Died at <i>Barckley</i>		Date of death 190 <i>3</i>		Month <i>July</i>		Day <i>34</i>	
Age <i>2</i>		Years <i>2</i>		Months <i>10</i>		Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Barckley</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>William A. Wisner</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Esterline Hersey</i>				Mother's Birthplace <i>Pa.</i>			
Name of person giving information <i>W. A. Wisner</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Not Known</i>		How long <i>—</i>	
Immediate <i>Convulsions</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. W. Simmons M.D.</i>	
		Address <i>Sudlersville, Md.</i>	
Accident or Suicide?			

